STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	396069	A. BLDG: 00 B. WING:	04/06/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ARBUTUS PARK MANOR STATE LICENSE NUMBER: **012002**	**207 OTTAWA STREET** **JOHNSTOWN, PA 15904**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
E 0000	INITIAL COMMENT A COVID-19 Focused Emergency Preparedness Survey was conducted by The Department of Health (DOH) on April 6, 2023. Arbutus Park Manor was in compliance with 42 CFR 483.73 related to E-0024(b)(6).	E 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0000	INITIAL COMMENT Based on a COVID-19 Focused Infection Control and a Complaint Survey completed on April 6, 2023, it was determined that Arbutus Park Manor was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		
F 0689 SS=D		F 0689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

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F 0689 SS=D	Continued from page 1 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	Resident 2's care plan was reviewed and it is addressing the current conditions and level of care required for transfers and ambulation. All nursing staff will be re-educated on the use of a gait belt for transfers and ambulation and the gait belt policy will be reviewed with them as well by the Director of Nursing. All new hires in the nursing and activities department will continue to be trained on use of a gait belt and the gait belt policy on the day of orientation by therapy or restorative departments. All residents on a restorative ambulation program will have their care plan reviewed for level of assistance needed and gait belt use specified as appropriate in the plan of care by the Director of Nursing with collaboration from the Interdisciplinary care team. Meal time walking rounds will be done by the supervisors of the nursing department to assure gait belt use per policy and care plan is being followed for quality assurance purposes. This will be done daily	Completion Date: **05/05/2023** Status: **APPROVED** Date: **04/21/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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F 0689 SS=D	Continued from page 2	F 0689	for 2 weeks and then will continue to be randomly done on a routine basis to continue monitoring for compliance. All new restorative ambulation programs will address gait belt use in the plan of care specifically. Education and plan of correction will be implemented by May 5, 2023.	

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F 0689 SS=D	Continued from page 3 Based on review of clinical records, facility reports, and staff interviews, it was determined that the facility failed to ensure that safety interventions were in place as care planned for one of five residents reviewed (Resident 2). Findings include: The facility's gait belt policy, dated December 28, 2022, revealed that staff were to use a gait belt for any transfer or ambulation tasks. Gait belts are to be used for all assists on residents with weight-bearing support needs. The resident's clothing or person should not be used to provide the support to the resident. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 2, dated March 24, 2023, revealed that the resident was moderately cognitively impaired; usually understood and could usually understand; required limited assistance of	F 0689		

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NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ARBUTUS PARK MANOR STATE LICENSE NUMBER: 012002	207 OTTAWA STREET JOHNSTOWN, PA 15904

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F 0689 SS=D	Continued from page 4 staff for transfers, walking in his room and corridor, for locomotion on and off the unit; and used a walker. A care plan for Resident 2, dated September 16, 2022, revealed that he had a walk-to-dine restorative program that included an intervention for him to walk with a front-wheeled walker with one staff assist and a gait belt to the dining room, per the policy. A care plan for Resident 2, dated July 15, 2022, revealed that he was at risk for falls due to his decreased mobility, history of falls, and muscle weakness. Observations on April 6, 2023, at 11:28 a.m. revealed that Nurse Aide 1 ambulated Resident 2 from his room to the dining room without a gait belt. Nurse Aide 1 was holding on to the waistband of Resident 2's pants. Interview with Nurse Aide 1 at that time indicated that she should have used a gait belt but forgot. Interview with Registered Nurse 2 confirmed that a	F 0689		

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F 0689 SS=D	Continued from page 5 gait belt should have been used during ambulation per Resident 2's care plan and facility policy. 28 Pa. Code 211.12(d)(3)(5) Nursing services.	F 0689		

Certified End Page

ARBUTUS PARK MANOR

STATE LICENSE NUMBER: 012002

SURVEY EXIT DATE: 04/06/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY